MARYLAND STATE DEPARTMENT OF HEALTH

04707

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Charles · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
LENGTH OF STAY (in this place): 30 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Powder Factory Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryans Road
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carroll	Robert	Brown	May	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	12-14-1925	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (invalid)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Lincoln Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carroll Brown
14. MOTHER'S MAIDEN NAME: Frances Ringler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Carroll Brown (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral concussion	45'
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Accidental fall from horse-drawn vehicle	45'
	(c)	

845.5
171.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Md. Highway 224 (CITY OR TOWN): Bryans Road, (COUNTY): Charles, (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): May 21, 1949 12 00 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Became excited; fell from wagon to road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. DATE SIGNED: 5-21-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-23-49	Shiloh M-E.	Bryans Road Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-23-49	Julia A. Pacey	Hunt & Ryon	Waldorf, Md.

VS. A15A

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

047108

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Hughesville, Charles, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) DeSales (Last) Chappelear

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 23 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Medicine and Surgery

11. BIRTHPLACE (State or foreign country): Charles County, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George I. Chappelear

14. MOTHER'S MAIDEN NAME: Mary Emily Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): 1905-1907

16. SOCIAL SECURITY No.: —

17. INFORMANT: Wife, Mrs. Katherine Chappelear

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage, Left — Interval between onset and death: 24 hours.

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, Mild — Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1947, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 1.30 A.m., from the causes and on the date stated above.

SIGNATURE: John N. Griffin, (Degree or title) M.D. ADDRESS: Hughesville, Md. DATE SIGNED: 5/4/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 5-6-49 NAME OF CEMETERY OR CREMATORY: St Marys LOCATION (City, town, or county) (State): Bryantown Md

DATE REC'D BY LOCAL REG. 5/5/49 REGISTRAR'S SIGNATURE: M. L. Mollett

24. FUNERAL DIRECTOR: Arnett & Lyon ADDRESS

RECEIVED
MAY 7 1949
BUREAU F. S.

04709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Hughesville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Hughesville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Sarah Locks Cook

3. (b) Social Security Number: —

4. Sex: F
5. Color or race: C
6.(a) Single, married, widowed, or divorced: ✓
6.(b) Name of husband or wife: Seabright (Dead)
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): About 1889

8. AGE: Years: 60 Months: Days: If less than one day ... hrs. ... min.

9. Birthplace: Charles Co Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Ben Lax
13. Birthplace: Calvert Co Md
MOTHER
14. Maiden name: Anna M Livers
15. Birthplace: Charles Co Md
16. Informant: Lucius Locks
Address: Hughesville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-14-49 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Bryantown Md
18. Funeral director: Hunt & Ryan
Address: Waldorf Md
19. 5/13/49 (Date rec'd by registrar) 1949 M. L. Mourik Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-10 1949 at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner's case 19 to 19 and that I last saw h alive on 19
Immediate cause of death: Coronary Occlusion — DURATION: 5-10-49
Due to
Due to
Other conditions
420.1
94a (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results: Medical Examiner's Case
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. Nadelen M. D. or other
Address: La Plata Md. Date signed: 5-11-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

RECEIVED
MAY 19 1949
BUREAU V. S.

04710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH· COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newberg — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newberg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Samuel (Last) Deshields

4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	col	Married	12/24/64	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Fisherman	Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isac Deshields	Mary West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		—	Georgia Deshields

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral vascular accident	6 days
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis with hypertension	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		—

22. I hereby certify that I attended the deceased from 17 May, 1949, to 18 May, 1949, that I last saw the deceased alive on 17 May, 1949, and that death occurred at 2:00 A.M. EST. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A O Woodly	MD	La Plata, Md.	18 May 49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/22/49	Shiloh M.E.	Newberg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/49	Julia H. Pasey	Hunt & Ryan Waldorf Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

04711

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Ducket

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH About 1913
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chas. Co., Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Bernard Ducket
14. MOTHER'S MAIDEN NAME Mary M. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Fannie Ducket

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	1 hr
490 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, lobar, bilateral.	10 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 May, 1949, to 15 May, 1949, that I last saw the deceased alive on 14 May, 1949, and that death occurred at 3:02 A E.S.T. m., from the causes and on the date stated above.

SIGNATURE A. O. Woodd (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 17 May '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/18/49
NAME OF CEMETERY OR CREMATORY Brice Chapel
LOCATION (City, town, or county) La Plata, Md (State)

DATE REC'D BY LOCAL REG. 5/18/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01712

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) BOARMAN (Last) EDELEN

4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 1/29/72 | 9. AGE last birthday 77 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William I Boarman | 14. MOTHER'S MAIDEN NAME Estelle Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Gladys Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterio-Sclerotic Heart Disease	2 years
Antecedent cause(s)	Cardiac Failure	10 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis	Unknown
	(c) Cerebral Thrombosis, Left	10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mixed Tumor, Parotid Gland, Right — 2 years

420.0 93d

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19.49., to May 16., 19.49., that I last saw the deceased alive on May 16., 19.49., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John N. Griffin, M.D. | ADDRESS Hughesville, Md. | DATE SIGNED 5/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5/19/49 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Bryantown Md.

DATE REC'D BY LOCAL REG. 5/18/49 | REGISTRAR'S SIGNATURE Julia H. Posey | 24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon Waldorf Md.

VS. A15

RECEIVED
MAY 19 1949
BUREAU V. S.

04713

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Delbert (Middle) Morgan (Last) Hamilton

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 1-11-1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster
10b. KIND OF BUSINESS OR INDUSTRY Farmgraduce
11. BIRTHPLACE (State or foreign country) Waldorf Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John D. Hamilton
14. MOTHER'S MAIDEN NAME Laura Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Lydia Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Suicide by means of hanging	Minutes
	(c)	

974, 164a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Waldorf (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 6 (Year) 49 (Hour) 6:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. 5-6-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 6-7-49 NAME OF CEMETERY OR CREMATORY St Paul LOCATION (City, town, or county) Waldorf Md (State)

DATE REC'D BY LOCAL REG. 5-7-49 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hewitt & Lyon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1949
BUREAU V. S.

Evidence for addition of info. #17 & 18 is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04714

FILM No. G 120 MAY 20 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 Months
Hospital, institution, or street address where death occurred:
Naval Powder Factory (Residence)
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115 Strauss Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War 2

3. (a) FULL NAME: Milton George JOHNSON

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Helen F. Johnson
6.(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): 25 February 1906

8. AGE: Years	Months	Days	If less than one day
43	2	10	....hrs. ....min.

9. Birthplace: Lowell, Arizona (Town, county, and state)
10. Usual occupation: Naval Officer
11. Industry or business: U.S. Navy

FATHER
12. Name: John Milton Johnson
13. Birthplace: Tennessee

MOTHER
14. Maiden name: Margaret Edmunds
15. Birthplace: Tombstone, Arizona

16. Informant: Wife
Address: Indian Head, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: MAY 9, 1949 (month) (day) (year)
Cemetery or crematory: ARLINGTON NAT'L.
Location: ARLINGTON, VA.
16. Funeral director: W. W. CHAMBERS
Address: WASH., D.C.

19. May 6 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5 May 1949 at 11:15P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ....19.... to ....19....
and that I last saw him alive on 5 May 1949

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

420.1
940a
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. E. ANDREWS, CAPT. (MC) USN (RET)
Address: NPF INDIANHEAD, MD. M. D. or other
Date signed: 5-10-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04715

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Charles

City or town Waldorf
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Effie Marie Railey

3. (b) Social Security Number

4. Sex F.

5. Color or race W

6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife John Wilmer Railey Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 10th 1883

8. AGE: Years 65 Months 6 Days 11 If less than one day ..... hrs. ..... min.

9. Birthplace Leonardtown St Mary Co Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Charles Paul Abell
13. Birthplace St Mary Co Md

MOTHER
14. Maiden name Katherine Ellen Hammett
15. Birthplace St Mary Co Md

16. Informant Margaretta Ellen Trotter
Address Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24 1949 (month) (day) (year)

Cemetery or crematory St Peters

Location Waldorf Md

18. Funeral director Hunt & Ryon
Address Waldorf Md

19. May 23 1949 (Date rec'd by registrar) M. L. Mourd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1949 at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1946 to 5/22 1949 and that I last saw her alive on 5/22 1949

Immediate cause of death Cachexia due to

Due to Carcinoma — probably

Due to Pancreatic

Other conditions 157 46g (Include pregnancy within 3 months of death)

DURATION 2 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jno. D. Walker M.D. M. D. or other

Address Waldorf, Md Date signed 5/22/49

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04716

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Judy (Middle) Dianne (Last) Savoy
4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1949
5. SEX: F
6. COLOR OR RACE: ~~Col.~~ Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 5, 1943
9. AGE last birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Chas. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Justine Savoy
14. MOTHER'S MAIDEN NAME: Mary Gertrude Swann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Gertrude Savoy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mutilation of body — 5-15-49

812.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Auto accident

170c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office, bldg. etc.) OF INJURY: Public Rd. (CITY OR TOWN) Pomfret (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 15 (Year) 49 (Hour) P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident - Pedestrian

22. I hereby certify that I attended the deceased from 5-15, 1949, to 5-16, 1949, that I last saw the deceased alive on 5-15 1949, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E. J. Eckles M.D. La Plata Md 5-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/17/49 | NAME OF CEMETERY OR CREMATORY: St. Ignatius | LOCATION (City, town, or county) (State): Bel Alton, Md

DATE REC'D BY LOCAL REG. 5/16/49 | REGISTRAR'S SIGNATURE: Julia H. Posey | 24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf, Md ADDRESS

RECEIVED
MAY 18 1949
BUREAU V. S.

04717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY ~~Charles~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Camilus (Last) Short

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1949

5. SEX M
6. COLOR OR RACE Col.
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH April 6, 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Herbert Short
14. MOTHER'S MAIDEN NAME Harriett Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Miss Dorothy Posey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5-6-49
420.0 Antecedent cause(s)	(b) Gen. Art. Sclerosis c Art.	
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Sc Heart Disease	1939

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5, 1939, to 5-6, 1949, that I last saw the deceased alive on 4-10, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE B. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 5-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/9/49
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) La Plata (State) Md.

DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04718

CERTIFICATE OF DEATH

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ethel (Last) Snider
4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1949
5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 8/24/81 | 9. AGE last birthday 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) West Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Moses Jones | 14. MOTHER'S MAIDEN NAME Victoria Lemasters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Wilford O. Snider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mammary Carcinoma. — Interval between onset and death: 3 yrs?

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to April, 1949, that I last saw the deceased alive on Apr. 1, 1949, and that death occurred at ——m., from the causes and on the date stated above.
SIGNATURE (Degree or title) George C. Bicknell M.D. | ADDRESS Hagerstown Maryland | DATE SIGNED May 14 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 5/17/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Walker (State) W. Va.
DATE REC'D BY LOCAL REG. May 14 1949 | REGISTRAR'S SIGNATURE Mary Swartzlund | 24. FUNERAL DIRECTOR Hewitt & Ryon | ADDRESS Waldorf, Md.

VS. A15

RECEIVED
MAY 21 1949
BUREAU V. S.

04719

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LOUCILE ~~LOUISE~~ (Last) TOYE COATS OR B.C.

4. DATE OF DEATH (Month) MAY (Day) 8 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 10, 1948
9. AGE last birthday yrs. If under 1 year Months 5 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hughesville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Toye
14. MOTHER'S MAIDEN NAME Mary Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHO-PNEUMONIA	2 days
475 Antecedent cause(s)		
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ACUTE UPPER RESPIRATORY INFECTION	10 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 12 15 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 5/8/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/9/49
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hewitt & Ryan - ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1949
BUREAU T. S.